



TOWN OF RAMAPO
237 Route 59 Suffern, New York 10901
845-357-5100

CHRISTOPHER P. ST. LAWRENCE
SUPERVISOR

NATHAN M. OBERMAN
RECEIVER OF TAXES

CREDIT CARD APPLICATION FOR TAX PAYMENT

Return this form with "Payment Stub" from Tax Bill to the address above. Do NOT use the return envelope.

DATE: _____

BILL # _____

Tax Map No. (from front of Tax Bill) _____

<u>CREDIT CARD INFORMATION</u>	<u>PROPERTY INFORMATION</u>
Name as shown on Credit Card:	Property Owner's Name:
Address of Credit Card Holder:	Legal Address of Property:

Phone # _____

E-Mail _____

Mailing Address (if different from above): _____

TOTAL TAX DUE	\$ _____
Penalty Amount Due (For payments made after Due Date... See Penalty Schedule on Tax Bill)	\$ _____
* Convenience Fee: 1.8% of TOTAL DUE ON TAX BILL	\$ _____
TOTAL Credit Card Charge	\$ _____

CREDIT CARD # _____ **Exp. Date** _____

☐ **MASTER CARD**

☐ **VISA**

(Required) AUTHORIZATION SIGNATURE: _____

*DISCLAIMER: By signing this form I acknowledge that an additional charge, to be referred to as "Convenience Fee", will be added to the total Tax bill Amount Due charged to my Credit Card Account.

Tax Amount Due is considered Paid only after confirmation of receipt of funds into the Tax Receiver's Account from the Credit Card Company

APPLICATION NOT COMPLETELY FILLED OUT CANNOT BE PROCESSED